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BRIDGE-BLEAN RURAL DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for 1967

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Chairman of the Council

COUNCILLOR R.A.C. McINTOSH M.B., Ch.B., J.P.

Public Health Committee, 1967

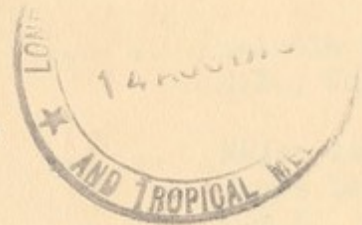
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Councillor J.F. Montgomery

Vice Chairman

Councillor A.R. Palmer

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- Councillor W. Gilliam
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Councillor R.A.C. McIntosh, M.B., Ch.B., J.P.  
(Chairman of the Council)


Councillor B. Raffety (Vice-Chairman of the Council)

Clerk of the Council

I. F. SOILLEUX, ESQ.

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PUBLIC HEALTH STAFF 1966

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Additional Public Health Inspector	..	..	..	..	..	..	..	G.L. Almond
General Foreman )	..	..	..	..	..	..	..	W.H. Chantler
Rodent Operator )	..	..	..	..	..	..	..	
Clerk/Typist ..	..	..	..	..	..	..	..	Miss. M. Cox
General Assistant/Clerical Assistant	..	..	..	..	..	..	..	W.T. Smith

Offices: Public Health Department, Rural District Council Offices,  
41 Old Dover Road, Canterbury (Telephone Canterbury 66411)

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Medical Officer of Health	..	..	..	..	..	..	..	Malcolm S. Harvey M.B., Ch.B., D.P.H.
Deputy Medical Officer of Health	..	..	..	..	..	..	..	Major General James Leslie Gordon O.B.E., M.R.C.S., L.R.C.P., D.P.H.

Offices: 15a Dane John, Canterbury. (Telephone Canterbury 64412)

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Mr. Chairman, Ladies and Gentlemen,

The population of the Rural District continued its increase with a 3.6% growth to 25,070. The birthrate of 16.8 per 1,000 when adjusted for population grouping was 18.8 and above the national level of fertility. The actual number of births in the year totalled 420 of whom 6.4% were outside wedlock. There were 8 infant deaths, 6 of them under 1 week and 5 stillbirths, giving an Infant Mortality Rate of 19 and a Perinatal Mortality Rate of 26, both figures approximating to the national average.

There were 357 deaths in total giving a death rate of 14.2 per 1,000 adjusted for age grouping in the population to 11.3, close to the national rate. Twenty seven per cent of the deaths occurred under 65 years of age excluding infant deaths amounting to 55 males and 29 females.

A standard population to produce an equivalent number of births would have been 21,800 persons and to have suffered an equivalent number of deaths would have been 39,794 persons.

The causes of death are tabulated as an appendix.

#### Infectious Diseases

The measles epidemic spread over the early part of the year and resulted in a total of 168 notifications in the first quarter out of an annual notification incidence of 185. Food poisoning was notified in one household outbreak of 2 cases, and fortunately dysentery was not prevalent with the 2 notifications received involving adults in the same dwelling.

An outbreak of food poisoning was reported following a bonfire night party but investigation of four cases in one family and some of the food consumed revealed no pathogens.

A sharp and dramatic outbreak of measles occurred in the village of Adisham on Boxing Day and the two days following, involving at least eleven children. The clinical picture was confused by the prior presence of streptococcal infection and the simulation of Scarlet Fever by the first three cases. The involvement of both pre-school and school children at the same time was puzzling but was subsequently explained by the inclusion of the pre-school brothers and sisters in the Primary school Christmas Party on 14th December (school roll circa 30) when the distribution of Christmas fare certainly included measles virus.

The cases of Scarlet Fever, of which 9 were notified, were not representative of the amount of streptococcal infection present in the community. Bridge Primary School experienced sore throats and streptococcal infection from September onwards and the need to implement the County plan to replace this school was stressed through the Council to County Officers. The problem was that of overcrowding to the classrooms, poor natural lighting and ventilation, unsatisfactory school dining arrangements and inadequate sanitary facilities and sewage disposal. The delay in building the new schools was linked to the absence of main drainage in the village and to the site of the new school, with knowledge that such a scheme for main drainage was being considered. The

## Infectious Diseases (Continued)

case for going ahead on the basis of present conditions was strengthened by the evidence of difficulty in controlling infection in the present school.

## Water Supplies

The area was served in part by the Mid Kent Water Company, in part by the Thanet Water Board and in part by Canterbury Water Company, all three drawing from chalk well sources and providing a moderately hard water (220-240 ppm carbonate) with low fluoride content (0.05 ppm). Only 50 dwellings on the rural district were not on water mains supply and water sampling was concentrated on these private piped sources and the one non-piped source, limiting the sampling of statutory supply undertakings to special indications (e.g. new mains or check sampling in case of infectious disease investigation).

Four samples collected from mains sources were all satisfactory but 15 out of 28 samples from other private piped sources were not satisfactory. The one non-piped supply gave satisfactory sampling results. Total dwellings in the Rural District number 7998.

## Sewerage and Sewage Disposal

At the start of the year completed sewage or sewerage schemes provided satisfactory sanitary amenities to Hoath, Blean, Sturry, Fordwich, Chislet (Hollow Street and Upstreet), Hackington (Tyler Hill), and Thanington Without. The Thanington (New House Lane) scheme and that for a small group of dwellings in Giles Lane, Rough Common, were completed during the year linking these communities to the Canterbury system, the former direct and the latter through the University system.

The Engineer and Surveyor linked his outside staff and headquarters through a radio communication network and improved not only management but safety for his sewer workers by this means.

Approval was received to the inclusion of Broad Oak, Westbere Court and Little Hoplands in the Sturry and Westbere sewerage schemes which resolved difficulties in an area which had a worrying potential for public health grounds.

The Chartham main drainage scheme reached its final stage of preparation and was planned to provide for Chartham, Chartham Hatch, St. Augustine's Hospital and the south west parishes to Petham and Waltham. The Shalmsford Street section offered an opportunity for the inclusion of a group of nearby dwellings in East Ashford Rural District which was eventually added to the scheme. Treatment is to include vacuum sludge drying and disposal by burying with biological filter bed treatment and discharge of effluent to the Greater Stour.

The Nailbourne sewerage scheme continued under investigation. This ambitious scheme will bring the amenities of main drainage to a line of villages lying along the banks of the Nailbourne from Derringstone to Littlebourne and will replace the present Littlebourne system extending the benefits to Wickhambreaux and Ickham with sewage treatment in a new works discharging effluent into the Lesser Stour.

## Refuse Disposal

The Chief Public Health Inspector is in charge of refuse collection and disposal by controlled tipping and reports on the service. Trouble with flies arose following unauthorised tipping by intruders. There was also the sporadic occurrence of illegal disposal of litter and refuse in woodland verges or copses which spoiled the amenities.

## Noise

Complaints were received about noise from dragline gravel extraction, mainly arising from the squealing sound made by the loaded crane when turning, more than the coarse gritty sound of the drag. The sudden roar of the exhaust as power was required for the drag, also caused some disturbance. The firm extracting the gravel adjusted the method and increased lubrication to a maximum to reduce the noise, but the complainant naturally enough was not satisfied with such a noisy process at hand and the matter was not truly resolved until the area close at hand was cleared.

The noise arising from Lydden race track led to discussions with the promoters about the location of loud speaker transmission of announcements, to reduce nuisance to localities nearby.

## Housing

The total number of dwellings in the Rural District was 7998 of which 1248 were Council owned dwellings. During the year 36 separate Council dwellings were completed and 31 units of accommodation were provided in Wardened Accommodation with the opening of Maple House, Rough Common. The Housing Manager reported that at the end of the year 246 applicants were registered for rehousing, and that 183 lettings were arranged during the year of which 120 were new tenancies and 63 transfers or exchanges.

Procedure under the Housing Acts resulted in the demolition of 1 unfit house and the closure of 11 houses. Two families were displaced by such action. Six unfit houses were rendered fit by action of the owners, of which 4 had been the subject of demolition orders.

Discretionary grants for 62 properties and Standard grants for 22 properties were given for improvements or conversions.

One case of overcrowding arising from increase in size of family arose in a tied farm cottage and was referred for remedy by Council rehousing as the family was under notice to quit, the father no longer being employed on the farm.

## Caravans

There were 4 residential caravan sites and 4 seasonal holiday caravan sites, and 25 other licenced caravan sites. The total of residential caravans was 195, of seasoned holiday 60 and of caravans stationed in the curtilage of private dwellings 124. The estimated permanent caravan dwellers number 592, excluding gypsies and other travellers who were few in number.

## Hop Pickers Camps

Only 1 hop pickers camp was occupied with an estimated occupancy of 75 persons for the hop picking season only.



## Problems of Old Age

It was necessary to obtain a Section 47 National Assistant Act Order to remove an 84 year old lady from her own house which she shared with another elderly lady and a young family.

A fall in her own home, heart failure, incontinence and pain from an injured leg led to a situation beyond home care by the district nurse and the household. Refusal to accept the family doctor's advice to accept hospital admission necessitated the Order, for the sake of the patient, as an urgent matter. Ten months later the patient was back home and able to attend the day hospital for after care.

Another and continuing problem concerned an elderly widow of eccentric habits living alone in a bungalow, whose love of cats, and a fetish for storing her newspapers to form barriers in the rooms achieved insanitary conditions in her house. This was of no consequence to others while living in isolation until the property itself deteriorated. Rehousing presented a difficult problem.

Another problem arose over deterioration in the conditions of a Council house occupied by two elderly handicapped men. Co-ordination of welfare help, home help service, and greater help with personal hygiene at Day Hospital attendance led to improvements.

## Infestation

A household infestation with pediculosis capitis in a dwelling shared by students and found through one who worked in a hospital was the first such case in an adult group for many years. A change in social behaviour that has developed in recent years, was the source of infestation and cause of spread. The case was dealt with by providing the treatment and advising on the procedure of self cleansing. The furniture and bedding was also treated.

Tables of statistics now follow.

MALCOLM S. HARVEY  
M.B., Ch.B., D.P.H.  
Medical Officer of Health.

Statistics and Tables - Bridge-Blean Rural District for 1967

Population : 25,070      Increase or decrease + 890 on 1966 population

Area : Unchanged      Dwellings : 7,998

Births    Male - 239      Female - 181      Total = 420

Born outside of marriage:

Male - 17      Female - 10      Total = 27 (6.4%)

Birth rate per 1,000 population 16.8%      (England and Wales 17.2)

Birth rate locally adjusted - 18.8%

Stillbirths - 5      Rate - 12 per 1,000 live and stillbirths.

Infant Deaths - Under 1 week - 6

1-4 weeks - Nil

1 month to 1 year - 2      Total Infant Deaths = 8

Perinatal Mortality Rate (Stillbirths + early neonatal deaths per 1,000 live and stillbirths) - 26 (England and Wales - 25.4)

Infant Mortality Rate (Infant deaths per 1,000 live births) - 19 (England and Wales 18.3)

All deaths    Male - 195      Female - 162      Total = 357

Death rate per 1,000 population - 14.2      (England and Wales 11.2)

Death rate locally adjusted - 11.4

Causes of Death - 1967

Causes of Death	1 9 6 6					1966
	Male		Female		Total	
	15-64 yrs	Total	15-64 yrs	Total	All Ages	
Respiratory Tuberculosis	1	2	-	-	2	2
Syphilitic Disease	-	2	-	-	2	-
Malignant Neoplasm of Stomach	1	4	-	4	8	5
Malignant Neoplasm of Lung						
Bronchus	4	9	2	5	14	12
Malignant Neoplasm of Breast	-	-	3	6	6	3
Malignant Neoplasm of Uterus	-	-	-	1	1	3
Other Malignant and Lymphatic Neoplasm	4	12	2	9	21	34
Leukaemia and Aloukaemia	1	4	-	1	2	2
Diabetes	-	1	1	1	2	3
Vascular Lesions of Nervous System	4	15	7	29	44	57
Coronary Disease, Angina	12	42	3	21	63	61
Hypertension with Heart Disease	-	1	1	5	6	9
Other Heart Disease	2	26	2	18	44	54
Other Circulatory Diseases	2	10	1	10	20	22
Influenza	-	-	-	1	1	15
Pneumonia	8	27	4	20	47	35
Bronchitis	4	16	1	3	19	17
Other Respiratory Diseases	-	4	-	1	5	2
Ulcers of Stomach or Duodenum	1	2	1	1	3	1
Gastritis, Enteritis, Diarrhoea	-	-	-	1	1	1
Nephritis, Nephrosis	1	1	-	-	1	3
Congenital Malformations	-	-	-	4	4	4
Other defined or illdefined diseases	3	11	5	14	25	29
Motor Vehicle Accidents	4	7	-	-	7	2
All other Accidents	1	2	-	4	6	7
Suicide	-	-	2	3	3	2
<b>Total</b>	<b>53</b>	<b>195</b>	<b>35</b>	<b>162</b>	<b>357</b>	<b>385</b>

Notified Infectious Diseases

Cases	Disease		
	Respiratory Tuberculosis	Food Poisoning	Acute Pneumonia
Quarter 1	Nil	Nil	Nil
Quarter 2	2	2	Nil
Quarter 3	2	Nil	1
Quarter 4	Nil	Nil	Nil
Total	4	2	1
<u>Age</u>			
Under 5 yrs	-	-	-
5-9	-	-	-
10-14	-	-	-
15-44	3	-	-
45-64	1	2	1
65+	-	-	-
Total	4	2	1

Cases	Disease			
	Scarlet Fever	Whooping Cough	Measles	Dysentery
Quarter 1	1	Nil	168	2
Quarter 2	1	1	15	Nil
Quarter 3	3	Nil	2	Nil
Quarter 4	4	2	-	Nil
Total	9	3	185	2
<u>Age</u>				
Under 1 yr	-	-	4	-
1-4	2	2	88	-
5-9	6	1	82	-
10-14	1	-	7	-
15+	-	-	4	2
Total	9		185	2

Malaria

Case	Diagnosis	Specimens	Examination	Remarks
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Case	Diagnosis	Specimens	Examination	Remarks
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